(b) whether the recommendations of the Fifth Pay Commission concerning these employees have not been implemented; and

(c) Government's response to their demands?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) Yes, Sir. A demonstration was held by the CGHS employees for fulfilment of their various demands numbering 22 included in the Charter of Demands submitted by All India CGHS Employees Association. These demands did not primarily relate to the implementation of the recommendations of the Fifth Central Pay Commission. Decisions on some of the demands have already been taken and conveyed to the Association. As and when decisions are taken on the remaining demands of the Association, they would be informed of the same.

CAG Report on National Programme for Control of Blindness

4. DR. T. SUBBARAMI REDDY:

SHRIMATI AMBIKA SONI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Comptroller and Auditor General of India has criticized Government for poor implementation of National Prograrmme for Control of Blindness;

(b) if so, whether according to the report placed before the Parliament, it has pointed out that more than 70 lakh prospective beneficiaries were left untargeted;

(c) if so, the main reasons for not implementing the National Programme for Blindness; and

(d) the measures Government propose to take to implement fully the project for removing blindness in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Comptroller and Auditor General (CAG) had carried out a review of National Programme for Control of Blindness in 2001-02 and have commented on various aspects of implementation of the programme.

(b) The estimates made by the CAG are based on ideal cataract surgery rate of 600 operations per lakh population, which is not realistic in the existing circumstances. The Programme aims to gradually raise Cataract Surgery Rate without compromising on quality of services.

(c) National Programme for Control of Blindness is being implemented te satisfactorily in most of the States. The reported number of cataract surgery ing the last year is 37 lakhs.

(d) Measures to strengthen implementation of the programme lude:—

(i) Development of Eye Care infrastructure through construction of dedicated Eye Words Operation theatres.

(ii) Training of Eye Surgeons in IOL implementation and other subspecialities.

(iii) Involvement of NGOs for providing free Eye Care Services in the rural and remote areas.

(iv) Detection and correction of refractive errors through School Eye Screening.

(v) Promoting Eye donation for treatment of corneal blindness.

(vi) Public awareness for preventive eye care and utilization of services.

National Health Policy

5. DR. T. SUBBARAMI REDDY:

SHRI NANA DESHMUKH:

SHRIMATI AMBIKA SONI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have announced the new National Health Policy;

(b) if so, whether Government propose that two years' of rural posting would be mandatory for medical graduates and would be done through the Medical Council;

(c) if so, the other main features of the policy; and

(d) the steps being taken to implement them?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Yes, Sir, the National Health Policy-2002 announced recently states that State Governments could rigorously enforce a mandatory two-year rural posting before the awarding of the graduate degree. Some State Governments have already made rural service compulsory before admission to P.G. courses or at the time of initial appointment.